RI SOS Filing Number: 202453606000 Date: 5/1/2024 11:39:00 AM



## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

**Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

--> Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 1. Entity ID Number             | 2. Exact name of the Limited Liability Company                              |   |                         |                     |  |
|---------------------------------|---|---|-------------------------|---------------------|--|
| 001731735                       | 125 Water Holding LLC   |   |                         |                     |  |
| 3. NAICS Code                   | 4. Brief description of the character of business conducted in Rhode Island |   |                         |                     |  |
| 531390                          | Manage and deal in re   | Manage and deal in real estate; and holding company |                         |                     |  |
| 5. State of Formation           |   |   |                         |                     |  |
| Rhode Island                    |   |   |                         |                     |  |
| 6. Principal Office Address     | <b>.</b>  | City  | State                   | Zip                 |  |
| 125 Water Street                |   | Warren  | RI                      | 02885               |  |
| 7. Mailing Address of Limited   | Liability Company and Name or Titl  | e of Contact Person                                 |                         |                     |  |
| Contact Name Daniel Teodoro     |   | Contact Title Owner                                 |                         |                     |  |
| Street Address 125 Water Street |   | City Warren   | State RI                | <sup>Zp</sup> 02885 |  |
| 8. The Resident Agent inform    | ation currently of record with the RI                                       | Department of State is acc                          | curate. Changes require | filing Form 642.    |  |
|                                 | i declare and affirm that i have externents contained herein are true       |   | iding any accompany     | ing schedules and   |  |
| Name of Authorized Person       |   |   | Date                    |                     |  |
| John M. Brum Jr., Esquire       |   |   | April 30, 2024          |                     |  |
| Signature of Authorized Perso   | Make  |   |                         |                     |  |

FILED

MAY 1 2024

BY 9027C

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov